

KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

PO BOX 1360
FRANKFORT KY 40602

RENEWAL APPLICATION

Social Security Number:

License Number:

Your Professional Counselor Associate License expires on October 31, 2003. In accordance with KRS 335.535 and regulations governing this profession, you are required to renew your license every year with the transmittal of this form and a renewal fee of \$50.00, made payable to the **Kentucky State Treasurer**. Please return this completed form with the fee to the address above prior to the deadline date of October 31, 2003. The fee for renewals received during the 60 day grace period (postmarked after October 31, 2003) is \$60.00. Credentials not renewed prior to December 31, 2003 will be terminated and you must immediately **CEASE AND DESIST** the use of the title Licensed Professional Counselor Associate in Kentucky and will require reinstatement. No exceptions shall be made.

PLEASE COMPLETE THE FOLLOWING:

Complete # 1only if your mailing address is different from above:

1. _____
Name

Street Address

City State Zip
2. _____
Present Place of Employment

Street Address

City State Zip
3. () _____ () _____ _____
Home telephone # Business telephone # E-mail address
4. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. () No () Yes
If yes, list offense and provide details on a separate sheet of paper.
5. Have you been subject to disciplinary action by a mental health credentialing board? () No () Yes
If yes, give details on a separate sheet of paper.
5. List any state in which you have become licensed or certified since your last renewal, the type of license or certification, and the number of the certification or license: _____

AFFIDAVIT

I do certify under penalty of law that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my credential could be subject to disciplinary action by the Board of Licensed Professional Counselors.

I have completed _____ hours of continuing education in the past year (201 KAR 36:030). I realize that, at the Board's request, I may be asked to submit information that supports this statement.

Date: ____/____/____

(Sign your name – Do not print or type)

ON-LINE PAYMENT OF YOUR RENEWAL FEE IS NOW AVAILABLE

If you have a MasterCard or VisaCard and are interested in paying your renewal fee electronically, please go to the following website and follow instructions for renewing online:

www.state.ky.us/agencies/finance/occupations

click on professional counselors

NOTICE OF AUDIT

Pursuant to 201 KAR 36:030, Section 6, Subsection one; (1) During the certification renewal period, up to fifteen (15%) percent of all certificate holders shall be selected at random by the board and required to furnish documentation of the completion of the appropriate number of continuing education hours.

Subsection three (3); The following items may be used to document continuing education activity:

- (a) Transcript
- (b) Certificate
- (c) Affidavit signed by the instructor; or
- (d) Receipt for the fee paid to the sponsor

Subsection four (4); Failure to comply shall constitute a violation of KRS 335.340(1)(b) and shall result in:

- (a) Refusal to renew certification
- (b) Suspension of certification; or
- (c) Revocation of certification

Your name has been selected at random to be audited for the 2003 renewal period. You are required to submit, with your renewal application and fee, verification of ten (10) hours of continuing education within the last twelve (12) month period as stipulated above.

Upon review and approval by the Board your documentation will be returned to you by regular mail. The Board shall not maintain continuing education files. It is suggested that you maintain copies of the information you are mailing with your renewal form. This will ensure that any lost documentation during the mailing process will be supported for possible future submission.

The C.E. hours were obtained as follows:

You may make additional copies of this form if needed.

Name of Program_____

Date Offered_____

Instructor(s)_____

CE Hours_____

Name and Address of Sponsoring Organization:_____

